DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001018	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - BLDG** B. WING _____	(X3) DATE SURVEY COMPLETED R **09/12/2014**

NAME OF PROVIDER OR SUPPLIER **GROSSNICKLE EYE CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 DUBOIS DR** **WARSAW, IN 46580**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	**INITIAL COMMENTS** Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 08/20/14 was completed on 09/12/14. Review Date: 09/12/14 Facility Number: 005399 Provider Number: 15C0001018 AIM Number: 100274260A Surveyor: Dennis Austill, Life Safety Code Specialist Grossnickle Eye Center Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid 42 CFR Subpart 416.44 (b), Life Safety from Fire and the 2000 edition of the National Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/04/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.